

**Judges' Retirement System II**

P.O. Box 942705

Sacramento, CA 94229-2705

Telecommunications Device for the Deaf - (916) 795-3240

(916) 795-3688, FAX (916) 795-1500

Judges' Retirement System II Application

Important: Your application should be mailed directly to the Judges' Retirement System II no more than 90 days before your retirement date. Please forward your retirement application, together with a copy of your birth certificate.

Section A – Judges' Retirement System II Member Information

First Name	Middle Initial	Last Name	Social Security Number
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			Birth date (mm/dd/yyyy)
City			Home Phone
State	ZIP	Country	Work Phone

Section B – Retirement Information

Current Court Type:	<input type="checkbox"/> Supreme	<input type="checkbox"/> Appellate	<input type="checkbox"/> Superior		
Retirement Date (Last Day on Payroll - mm/dd/yyyy)	County and/or District Name, or Appellate District & Division				
Allowance Commencement Date (mm/dd/yyyy)					
Other California Public Retirement Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the section below.					
Name of System	Date of Retirement (mm/dd/yyyy)				
Date of Service Credited From:	/	/	To: / /		
Month	Day	Year	Month	Day	Year

Section C – Survivor Continuance

Spouse/Registered Domestic Partner's Name	Social Security Number	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth date (mm/dd/yyyy)	Date of Marriage/Registered Partnership (mm/dd/yyyy)	
Do you have any unmarried children under 18: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's Social Security Number	Full Name	Birth date (mm/dd/yyyy)
Child's Social Security Number	Full Name	Birth date (mm/dd/yyyy)
Do you have any unmarried children who were disabled prior to their 18 th birthday and are still disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's Social Security Number	Full Name	Birth date (mm/dd/yyyy)
Child's Social Security Number	Full Name	Birth date (mm/dd/yyyy)

California Public Employees' Retirement System

www.calpers.ca.gov

Name _____ Social Security Number _____ - _____ - _____

Section D – Option Election

☐ **Unmodified Allowance.** I understand that there are no benefits payable upon death with this election (except normal Surviving Spouse Benefits). There is no return of contributions.

Optional Settlement

I hereby elect to have the actuarial equivalent of my retirement allowance, as of the date of my retirement under the Judges' Retirement System II Law, applied to a lesser retirement allowance in accordance with optional settlement number I have designated here.

☐ **Option 1**

☐ **Option 2**

☐ **Option 2W**

☐ **Option 3**

☐ **Option 3W**

Beneficiary Information - Single Lifetime Beneficiary (Complete for Options 1, 2, 2W, 3, or 3W for retirement date on or after 1/1/2003).

Name _____ Birth date(mm/dd/yyyy) _____ - _____ - _____ ☐ Male ☐ Female
Social Security Number _____ Relationship _____

Mailing Address _____ City _____ State _____ Zip _____

☐ **Option 4 – Multiple Lifetime Beneficiaries - This election requires Board approval.**

Check to elect equal share for each beneficiary or show specific percentage provided in your estimate in space below.

☐ **Option 4 - Court ordered Community Property** - Complete the beneficiary information below, but do not complete the space for specific percentage.

☐ **Option 4/Unmodified**

☐ **Option 4/Option 1**

☐ **Option 4/Option 2W**

☐ **Option 4/Option 3W**

Beneficiary Information

(Complete for Option 4 Multiple Lifetime Beneficiaries **or** Option 4 Court-Ordered Community Property)

Name _____ Birth date (mm/dd/yyyy) _____ - _____ - _____ ☐ Male ☐ Female
Social Security Number _____ Specific % _____

Name _____ Birth date (mm/dd/yyyy) _____ - _____ - _____ ☐ Male ☐ Female
Social Security Number _____ Specific % _____

Name _____ Birth date (mm/dd/yyyy) _____ - _____ - _____ ☐ Male ☐ Female
Social Security Number _____ Specific % _____

I hereby certify, under penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application I must notify the Judges' Retirement System II before the mailing of my first retirement allowance.

Member's Signature _____ Date (mm/dd/yyyy) _____ Spouse/Reg. Dom. Partner's Signature _____ Date (mm/dd/yyyy) _____

☐ **I am not married or have a registered partnership**

On _____ before me, _____ State of California _____ County of _____, personally known to me,

☐ proven to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Seal

WITNESS my hand and official seal OR authorized Judges' Retirement System II representative signature.

Representative's Signature _____

Position Title _____

Date (mm/dd/yyyy) _____



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Tax Withholding

Caution: There are penalties for not paying enough taxes during the year.

Estimated Tax requirement and penalties are explained in publication 505. Send request for this publication to: IRS, PO Box 12626, Fresno, CA 93778 or talk with your tax advisor.

Federal Tax Withholding Election * Please Make One Election Only *

- ☐ Do not withhold Federal Income Tax.
- ☐ Withhold Federal Income Tax in the amount of \$ _____.00 (monthly).
- ☐ Withhold Federal Income Tax based on the Tax Tables for:
 - ☐ A Married Individual with _____ Tax Withholding exemptions. (enter 0 or a number)
 - ☐ A Single Individual with _____ Tax Withholding exemptions. (enter 0 or a number)
 - ☐ In addition to the amount withheld based on the Tax Tables, withhold \$ _____.00 (monthly).

State of California Tax Withholding Election (DE4P) * Please Make One Election Only * (State of California tax withholding is optional for out-of-state residents.)

- ☐ Do not withhold State of California Income Tax.
- ☐ Withhold State of California Income Tax in the amount of \$ _____.00 (monthly).
- ☐ Withhold State of California Income Tax based on the Tax Tables for:
 - ☐ A Married/Registered Partner Individual with _____ Tax Withholding exemptions. (enter 0 or a number)
 - ☐ A Single Individual with _____ Tax Withholding exemptions. (enter 0 or a number)
- ☐ In addition to the amount withheld based on the Tax Tables, withhold \$ _____.00 (monthly).
- ☐ Withhold State of California Income Tax in the amount of 10 percent of the Federal Income Tax Withholding amount.



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Justification for Absence of Spouse or Registered Domestic Partner's Signature

To Be Used With Retirement Application

The member's current spouse/registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse/registered domestic partner of a JRS II member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation for retirement death benefits.

If a spouse/registered domestic partner's signature does not appear on one of the above named documents, the following information **MUST** be completed by the member and submitted with the application for retirement.

Name _____ Social Security Number _____ - _____ - _____

☐ I am not legally married or a registered domestic partner (choose appropriate box):

☐ Never married or had a partnership

☐ Divorced/marriage or partnership annulled or terminated _____
Date (mm/dd/yyyy)

☐ Widowed. _____
Date (mm/dd/yyyy)

☐ I am married or a registered domestic partner, but my spouse/domestic partner did not sign the form because either:

☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse/domestic partner,

OR

☐ My spouse/domestic has been advised of the application and has refused to sign the acknowledgment,

OR

☐ My spouse/domestic partner is incapable of executing the acknowledgment because of an incapacity mental or physical condition,

OR

☐ My spouse/registered domestic partner has no identifiable community property interest in the benefit,

OR

☐ My spouse/registered domestic partner and I have executed a marriage/partnership settlement agreement, which makes the community property law inapplicable to the marriage/partnership.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Member's Signature _____

Date (mm/dd/yyyy) _____



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Judges' Health and Dental Declaration

Member Information

Name: _____ Social Security Number: _____ - _____ - _____

Retirement Date: _____ (mm/dd/yyyy) Commencement Date of Allowance: _____ (mm/dd/yyyy)

1) Defined Benefit Retirement

☐ I am currently enrolled in a State health and/or dental plan and elect to continue these plans into retirement as indicated below.

2) Monetary Credits Retirement

☐ I am currently enrolled in a state health and/or dental plan. I elect to continue my health and/or dental plan as indicated below into retirement. I will upon retirement, complete the Direct Payment forms and forward the forms to the Judges' Retirement System for processing.

Health Carrier Information

Name of Health Plan _____ Total Subscribers Enrolled on Plan: _____

Name of Dental Plan _____ Total Subscribers Enrolled on Plan: _____

Dependent Information

Name _____ Birth date (mm/dd/yyyy) _____ - _____ - _____ Dependent Social Security Number

Name _____ Birth date (mm/dd/yyyy) _____ - _____ - _____ Dependent Social Security Number

Member's Signature _____

Date (mm/dd/yyyy) _____

Daytime phone number _____

FOR JRS II USE ONLY

Analyst Initials: _____

Effective Date: _____

Health Plan/Carrier Code: _____

Dental Plan./Carrier Code: _____